

State/Territory: MINNESOTA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care
recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: No limitations x With limitations*
☐ Not provided.

b. ~~Services of Christian Science~~ nurses in religious nonmedical
health care institutions.

☐ Provided: No limitations With limitations*
☒ Not provided.

c. ~~Care and services provided in Christian Science sanatoria~~
religious nonmedical health care institutions.

☒ Provided: x No limitations With limitations*
☐ Not provided.

d. Nursing facility services for patients under 21 years of
age.

☒ Provided: No limitations x With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: No limitations x With limitations*
☐ Not provided.

25. Home and Community Care for Functionally Disabled Elderly
Individuals, as defined, described, and limited in Supplement 2
to Attachment 3.1-A, and Appendices A-G to Supplement 2 to
Attachment 3.1-A.

☐ Provided ☒ Not provided

* Description provided on attachment.

State Minnesota

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OFFICIAL

Limitations of Covered Services

(Referenced by the number of the service described in preceding pages)

1. Inpatient Hospital Services.

- * Certification of admission is a condition of reimbursement. Inpatient stays not deemed medically necessary by the state agency or the designated medical review agent are not covered.
- * Most hospitals are reimbursed according to a prospective payment rate.
- * Inpatient chemical dependency treatment will require at least 30 hours per week of therapy/counseling including group, collateral and individual therapy/counseling.
- * Hospitals must comply with federal regulations concerning informed consent for voluntary sterilization procedures and hysterectomies.
- * Detoxification is covered only when inpatient hospitalization is medically necessary because of conditions in addition to or resulting from withdrawal, e.g., conditions resulting from injury or accident or medical complications during detoxification such as delirium which necessitate the constant availability of physicians and/or complex medical equipment found only in a hospital setting.
- * Leave days, leaves of absence, and reserve beds are not covered.
- * A private room must be certified by a licensed physician to be medically necessary, unless the hospital's private room rate does not exceed its semi-private room rate.
- * Abortion services are covered only when one of the following circumstances apply:
 - a) The abortion is medically necessary to prevent the death of the mother, including under certain circumstances, cases where suicide is threatened if the fetus is carried to term.
 - b) The pregnancy is the result of sexual assault.
 - c) The pregnancy is the result of incest.

NOTE: FFP is not available for abortions where the pregnancy is the result of sexual assault or incest.

- * Second surgical opinion is a condition of reimbursement for tonsillectomy and/or adenoidectomy, hysterectomy, hernia repair andolecystectomy.

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26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are: (A) authorized for the individual by a physician in accordance with a plan of treatment; (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and (C) furnished in a home.

☒ Provided: State approved (not physician)
Service Plan allowed

 x Services outside the home
also allowed

 x Limitations described on
Attachment

☐ Not provided.

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 5 to Attachment 3.1-A.

☐ Provided ☒ Not provided

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TN No. 97-38

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LIMITATIONS TO THE AMOUNT, DURATION, AND SCOPE OF COVERED SERVICES (Referenced by the number of the service described in preceding pages)

1. Inpatient hospital services:

- Certification of admission is a condition of reimbursement. Inpatient stays not deemed medically necessary by the state agency or the designated medical review agent are not covered.
- Inpatient chemical dependency treatment will require at least 30 hours per week of therapy/counseling including group, collateral, and individual therapy/counseling.
- Hospitals must comply with federal regulations concerning informed consent for voluntary sterilization procedures and hysterectomies.
- Detoxification is covered only when inpatient hospitalization is medically necessary because of conditions in addition to or resulting from withdrawal, e.g., conditions resulting from injury or accident or medical complications during detoxification such as delirium which necessitate the constant availability of physicians and/or complex medical equipment found only in a hospital setting.
- Leave days, leaves of absence, and reserve beds are not covered.
- A private room must be certified by a licensed physician to be medically necessary, unless the hospital's private room rate does not exceed its semi-private room rate.
- Abortion related services are covered when the abortion is medically necessary to prevent the death of a pregnant woman, and in cases where the pregnancy is the result of rape and incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.

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1. Inpatient hospital services. (continued)

- Second surgical opinion is a condition of reimbursement for tonsillectomy and/or adenoidectomy, hysterectomy, and cholecystectomy.
- Laboratory and x-ray services provided as a result of a recipient's scheduled visit that immediately precedes hospital admission as an inpatient are not covered as separate services.
- Providers who administer ~~the~~ pediatric vaccines listed as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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2.a. Outpatient hospital services.

- All services must be provided by or under the on-site supervision of a physician or dentist.
- Outpatient day treatment or partial hospital programs for mental illness must be approved by the state agency as eligible for MA ~~reimbursement~~ payment. Prior authorization is required before initial treatment and every 30 days thereafter.
- Nutritional counseling exceeding three visits requires prior authorization.
- Outpatient chemical dependency programs are provided for under rehabilitation services. Limitations for outpatient chemical dependency programs are provided under Item 13.d. of this attachment.
- Blood and blood components are covered to the extent these are not available from other sources. Blood charges may not exceed the cost of the quantity actually administered and not replaced.
- Supplies and equipment ordinarily furnished by hospitals during the care and treatment of an illness or injury are not separately ~~reimbursable~~ payable.
- Hospitals must comply with federal regulations concerning informed consent for voluntary sterilization procedures and hysterectomies.
- Second surgical opinion is a condition of reimbursement for tonsillectomy and/or adenoidectomy, hysterectomy, and cholecystostomy.
- Abortion related services are covered when the abortion is medically necessary to prevent the death of a pregnant woman, and in cases where the pregnancy is the result of rape and incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.

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2.a. Outpatient hospital services. (continued)

- Coverage of physical therapy, occupational therapy, audiology, and speech language pathology is limited to services within the limitations provided under items 11.a. to 11.c., physical therapy and related services.
- Providers who administer ~~the~~ pediatric vaccines listed as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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2.b. Rural and other ambulatory services that are covered under the plan and furnished by a rural health clinic.

- All health services provided by a rural health clinic are covered services within the limitations applicable to the same services as other medical assistance providers, if the rural health clinic's staffing requirements and written policies governing health services provided by personnel other than a physician are in compliance with 42 CFR §491.
- Providers who administer ~~the~~ pediatric vaccines ~~listed as noted~~ in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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2.c. Federally qualified health center (FOHC) services and other ambulatory services that are covered under the plan and furnished by a FOHC.

- All covered services are subject to the same limitations to amount, duration, and scope applicable to other providers of the same service.
- Providers who administer ~~the~~ pediatric vaccines ~~listed~~ as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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3. Other laboratory and x-ray services.

Coverage is limited to:

- (1) **Laboratory services** provided by a Medicare certified laboratory. In addition, such services must be provided by laboratories that comply with the requirements of §353 of the Public Health Service Act (the Clinical Laboratory Improvement Amendments (CLIA) of 1988, Pub. L. 100-578).
- (2) **X-ray services** provided by an x-ray vendor in compliance with 42 CFR ~~§§405.1411 to 405.1416~~ §§486.100 to 486.110.
- (3) **X-ray services** provided by or at the request of a chiropractor are covered only when necessary to support a diagnosis of subluxation of the spine.